



POLICY AND PROCEDURE
Montgomery County
Fire and Rescue Service

No. 21-03

DATE

03/10/2005

TITLE

INTER-FACILITY TRANSPORT
GUIDELINES

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MONTGOMERY COUNTY FIRE AND RESCUE SERVICE POLICY

INTER-FACILITY TRANSPORT GUIDELINES

Issued by: Fire Chief

Policy No. 21-03

Supersedes Secs. IV A. and B. "Interhospital Transport, Routine and Emergency"
of the FRC's EMS Operations Manual, 1994

Authority: Montgomery County Code Section 21-2(d)(4)

Effective Date: March 10, 2005

SUMMARY:

This policy establishes a uniform response to local hospital-based emergency department requests for emergency and non-emergency inter-facility patient transports provided by Montgomery County Fire and Rescue Service emergency medical service units.

ADDRESS:

Send comments pertaining to the proposed policy to Beth Feldman, Montgomery County Fire and Rescue Service, 101 Monroe Street, 12th Floor, Rockville, Maryland 20850, by February 1, 2005.

Comments may also be emailed to

beth.feldman@montgomerycountymd.gov

STAFF:

For additional information, please contact Beth Feldman, Montgomery County Fire and Rescue Service, at (240) 777-2423.

BACKGROUND:

Montgomery County Fire and Rescue Service EMS units are often requested to assist local hospital-based emergency departments by providing emergency and non-emergency inter-facility transport of patients. The call load for this type of service is increasing, and at times taxes MCFRS' ability to respond to other medical emergencies based on current deployment strategies. This policy is being established to ensure that MCFRS continues to be able to provide its primary public safety emergency treatment and transport service, and does not compete with commercial ambulance services that specialize in inter-facility transport of patients. This policy also ensures that MCFRS complies with MIEMSS' requirements established in its *Inter-hospital Transfer Guidelines Manual*, and the 1986 *Emergency Medical Treatment and Active Labor Act (EMTALA)*, as amended.



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Section 1. **Purpose:** To establish a uniform MCFRS response to requests made by local hospital-based emergency departments for emergency and non-emergency inter-facility patient transports.

Section 2. **Applicability.** This policy applies to all Montgomery County Fire and Rescue Service personnel.

Section 3. **Definitions**

- a. **Emergency Inter-Facility Transport.** Transport conducted when a patient has an emergency or life-threatening condition and requires specialized procedures or treatments that the transferring facility cannot provide.
- b. **EMS Unit.** A transport-capable ambulance designated as either a BLS (basic life support) ambulance, or an ALS (advanced life support) Medic Unit.
- c. **Emergency Medical Treatment and Active Labor Act (EMTALA).** A federal law enacted in 1986 as part of the Consolidated Omnibus Budget and Reconciliation Act (COBRA), to ensure that patients with emergency medical conditions are assessed and treated at any hospital providing emergency services, without consideration of ability to pay. EMTALA has significant impact on the operations of pre-hospital emergency medical services systems.
- d. **Inter-Facility Transport.** The transfer of a patient from one local hospital-based emergency department to another, to obtain a higher level of care for the patient.
- e. **Licensed Commercial Ambulance Service.** As regulated by Code of Maryland Regulations (COMAR) Title 30, a private sector, commercial business licensed by MIEMSS to provide BLS and/or ALS emergency and/or non-emergency inter-facility transport of patients, on a for-profit basis.
- f. **Local Hospital-based Emergency Department.** An emergency department physically located in one of the (currently five) local hospitals situated within the borders of Montgomery County.
- g. **Non-Emergency Inter-Facility Transport.** The transfer of a patient conducted solely for patient or physician convenience, or for hospital preference.
- h. **Receiving Facility.** A local hospital-based emergency department whose physician agrees to accept the transfer of a patient.



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- i. **Receiving Facility Physician.** The physician at a receiving facility who agrees to accept the patient, and assumes medical care for the patient from the transferring physician.
- j. **Transferring Facility.** A local hospital-based emergency department whose physician requests that one of his or her patients be transferred to another facility.
- k. **Transferring Facility Physician.** The attending physician of a patient at a transferring facility who initiates and assumes responsibility for the inter-facility transport.

Section 4. **Policy.** It is the policy of MCFRS to establish controls by which its personnel, apparatus, and equipment are used to provide emergency and **non-emergency inter-facility transport** of patients. **Licensed commercial ambulance services** should always be considered the primary choice to provide emergency and **non-emergency inter-facility transports**. An MCFRS EMS unit may provide **inter-facility transports** when no other services are available to do so. When this occurs, MCFRS will comply with the ***Emergency Medical Treatment and Active Labor Act (EMTALA)***, as amended, COMAR Title 30, and MIEMSS *Interhospital Transfer Guidelines Manual* to provide this service.

Section 5. **Procedures.**

a. **Emergency Inter-Facility Transport.**

- 1. The **transferring facility physician** must contact the EMS Duty Officer through the ECC to request an **emergency inter-facility transport**. If the **transferring facility physician** contacts an MCFRS worksite, including an LFRD, directly, he or she must be advised to contact the ECC Supervisor immediately.
- 2. The ECC Supervisor must immediately contact the EMS Duty Officer through established procedure. If the EMS Duty Officer is unavailable, the ECC Supervisor must contact the EMS Battalion Chief or the EMS Section Chief. If these officers are unavailable, the ECC Supervisor will act on behalf of the EMS Duty Officer, using the procedures below to approve or deny the request.
- 3. The EMS Duty Officer will contact the **transferring physician** and use the **Inter-Facility Transport Approval Checklist** (Attachment 1) as a decision



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tool to approve or deny the request. The EMS Duty Officer will consider only requests for **emergency inter-facility transports**, and will not approve requests for **inter-facility transports** for reasons of patient or physician convenience, for hospital preference, or for other non-life-threatening reasons.

- A. When the EMS Duty Officer approves a request for **emergency inter-facility transport**, he or she will then contact the ECC Supervisor and request that the most appropriate Medic Unit be dispatched to transport the patient.
 - B. The EMS Duty Officer will evaluate the current status of EMS unit deployment before dispatch, in coordination with the ECC Supervisor.
 - C. All criteria in the **Inter-Facility Transport Approval Checklist** must be met before a Medic Unit is dispatched.
4. The EMS unit will respond in routine mode to the **transferring facility**, unless directed differently by the EMS Duty Officer.
 5. On their arrival at the **transferring facility**, MCFRS personnel will report directly to the **transferring facility physician**, and:
 - A. review the **Inter-Facility Transport Authorization** (Attachment 2) with the **transferring facility physician**, and obtain his or her signature;
 - B. obtain direction from the **transferring facility physician** on patient care requirements during the transport; and
 - C. begin documenting data collection elements on the second page of the **Inter-Facility Transport Authorization** (Attachment 2), including obtaining a full set of vital signs.
 6. MCFRS EMS personnel will make every effort to begin patient transfer within 15 minutes of their arrival at the emergency department. If EMS personnel anticipate a significant delay, they must contact the EMS Duty Officer for instructions.
 7. MCFRS EMS personnel must provide care only within their scope of practice, following the *Maryland Medical Protocols for Emergency Medical Services Providers* and the *MIEMSS Inter-hospital Transfer Guidelines Manual*. Only



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the attending hospital personnel from the **transferring facility** must deliver any required medical care outside the scope of practice of MCFRS EMS personnel.

8. When they arrive at the **receiving facility**, MCFRS EMS personnel must complete documenting the data collection elements on the second page of the **Inter-Facility Transport Authorization** (Attachment 2), including obtaining a full set of vital signs. This completed form must be forwarded to the EMS Duty Officer.

b. Non-Emergency Inter-Facility Transport

1. The patient, or the patient's decision-maker, may request that an LFRD provide a **non-emergency inter-facility transport**. The patient, or the patient's decision-maker, must contact an LFRD Chief or designee directly to request this transport.
 - A. If the LFRD Chief or designee approves the request to provide the **non-emergency inter-facility transport**, the LFRD will provide the appropriate LFRD staffing, equipment, and apparatus required for the transport.
 - B. LFRD personnel will respond in routine mode to both the **transferring** and the **receiving facilities**.
 - C. LFRD personnel must complete only the second page of the **Inter-Facility Transport Authorization** (Attachment 2), and forward it to the DFRO EMS Section for quality improvement purposes.
2. DFRO personnel may also request a **non-emergency inter-facility transport** for their own family members.
 - A. The EMS Duty Officer, in consultation with the DFRO Shift Chief, will make the decision to approve or disapprove the request.
 - B. DFRO personnel may staff the EMS unit using reserve apparatus and equipment.



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- C. DFRO personnel must complete only the second page of the **Inter-Facility Transport Authorization** (Attachment 2), and forward it to the DFRO EMS Section for quality improvement purposes.

Section 6. Quality Improvement Process.

- a. The DFRO EMS Section is responsible for developing and maintaining a quality improvement process for the inter-facility transport services provided by MCFRS under this Policy.
- b. The DFRO EMS Section will assess the performance indicators below, at a minimum, on a continual basis:
 1. The number of requests for **emergency inter-facility transports received**, correlated to the number of requests for **emergency inter-facility transports approved**;
 2. the number of patients transported who were originally pre-hospital patients of MCFRS EMS units;
 3. The number of patients who were not prepared for transport as promised by the **transferring physician**; and
 4. The number of transports that were not actually emergent in nature, and that should have been referred to a **licensed commercial ambulance service**.
- c. DFRO EMS Section Staff is responsible for reviewing the implementation of this Policy, and for submitting quality improvement recommendations regarding this Policy to the EMS Committee on at least an annual basis.

Section 7. Enforcement. The Fire Chief is the enforcement authority for all policies and regulations of the Montgomery County Fire and Rescue Service.

Section 8. Effective Date. This policy is effective on March 10, 2005.



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Approved:



Tom Carr, Chief
Montgomery County Fire and Rescue Service

3/2/05

Date

Attachments:

1. Inter-Facility Transport Approval Checklist
2. Inter-Facility Transport Authorization
3. By Reference Only: MIEMSS Inter-hospital Transfer Guidelines Manual
<http://miemss.umaryland.edu/Interhospital.pdf>

N.B. The MIEMSS Inter-Hospital Transfer Guidelines Manual is an 80 page document

Interfacility transport policy 2-28-05 BF wp

APPROVED AS TO FORM AND LEGALITY.

OFFICE OF COUNTY ATTORNEY

BY Richard H. McQuell

DATE 3/1/05

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
EMERGENCY MEDICAL SERVICES SECTION

INTER-FACILITY TRANSPORT APPROVAL CHECKLIST

Hospital: _____ Transferring Physician: _____

Criteria for Transport Approval

- ☐ The patient's condition must be considered by the transferring physician to be emergent (i.e., life-threatening). This condition may warrant a HOT response (i.e., the use of emergency lights and sirens) to the transferring and receiving facilities.
- ☐ For trauma referrals, the patient's condition must meet the criteria for inter-facility referral under the MIEMSS *Interhospital Transfer Guidelines Manual*.
- ☐ For medical referrals, the patient must require a specialized procedure or treatment that the transferring facility cannot provide.
- ☐ An alternate means of inter-facility transport (e.g., licensed commercial ambulance, helicopter, receiving hospital's transport team, transferring hospital's transport team) is not immediately available.

Criteria for Dispatch

- ☐ A receiving physician must agree to accept this patient at his or her facility.
- ☐ The transferring physician must provide medical stabilization of the patient in order to minimize the risks of transport to the patient.
- ☐ The transferring physician must provide the appropriate level of qualified personnel needed during the transport, in order to maintain an acceptable level of care for this patient.
- ☐ The transferring physician must agree to be the on-line medical control physician for the inter-facility transport.
- ☐ The patient must be ready to leave the ER within 15 minutes of the arrival of the ALS ambulance.
- ☐ All required medications, fluids and specialized equipment needed for the transport must be provided by the transferring facility.
- ☐ Copies of all of the patient's medical records must be provided by the transferring facility.

DATA COLLECTION

A

Patient's Name: _____ Age: _____ Sex: _____

Transferring Facility: _____

Receiving Facility: _____ Unit/Room: _____

Receiving Physician: _____

Reason for Transfer: _____

Patient Diagnosis: _____

Special Precautions/Anticipated Complications: _____

Care/Equipment Needed During Transport: _____

Transferring Facility Personnel on Transport _____

B

Patient Assessment

Within 15 minutes of transport

Time: _____

Temp. _____

Pulse: _____

Resp. _____

B/P: _____

ECG: _____

Upon Arrival at Receiving Facility

Time: _____

Temp. _____

Pulse: _____

Resp. _____

B/P: _____

ECG: _____

C

Incident #: _____

Level: **ALS / BLS** **HOT / COLD**

Time of Dispatch: _____

Arrive at Transferring Hospital: _____

Depart Transferring Hospital: _____

Arrive at Receiving Hospital: _____



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
EMERGENCY MEDICAL SERVICES SECTION

INTER-FACILITY TRANSPORT AUTHORIZATION

Requirements for Emergency Inter-Facility Transport

- ☐ This patient is an acutely ill or injured and is considered to be serious or life-threatening condition, justifying an emergency transport.
- ☐ The patient requires a special medical procedure or treatment that the hospital is unable to provide, or
- ☐ This patient meets one of trauma referral criteria listed in the MIEMSS *Interhospital Transfer Guidelines Manual*.
- ☐ An alternate means of emergency inter-facility transport is not immediately available.
- ☐ The transferring facility must provide a physician, registered nurse or other specialist to accompany the patient and be responsible for the administration of definitive patient care.
- ☐ The transferring facility must provide the medication, fluids and any specialized equipment that may be required for use on the patient during the transport, as well as copies of all patient records.
- ☐ The transferring physician agrees to be the on-line medical control physician during the transport.

TRANSFERING PHYSICIAN'S AUTHORIZATION

I hereby verify that _____ is in need of an
Patient's Name

EMERGENCY INTER-FACILITY TRANSPORT "and authorize MCFRS _____ to transport
EMS Unit

this patient to _____
Receiving Facility

Physician's Signature: _____ Date/Time: _____



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
EMERGENCY MEDICAL SERVICES SECTION

INTER-FACILITY TRANSPORT APPROVAL CHECKLIST

Hospital: _____ Transferring Physician: _____

Criteria for Transport Approval

- ☐ The patient's condition must be considered by the transferring physician to be emergent (i.e., life-threatening). This condition may warrant a HOT response (i.e., the use of emergency lights and sirens) to the transferring and receiving facilities.
- ☐ For trauma referrals, the patient's condition must meet the criteria for inter-facility referral under the MIEMSS *Interhospital Transfer Guidelines Manual*.
- ☐ For medical referrals, the patient must require a specialized procedure or treatment that the transferring facility cannot provide.
- ☐ An alternate means of inter-facility transport (e.g., licensed commercial ambulance, helicopter, receiving hospital's transport team, transferring hospital's transport team) is not immediately available.

Criteria for Dispatch

- ☐ A receiving physician must agree to accept this patient at his or her facility.
- ☐ The transferring physician must provide medical stabilization of the patient in order to minimize the risks of transport to the patient.
- ☐ The transferring physician must provide the appropriate level of qualified personnel needed during the transport, in order to maintain an acceptable level of care for this patient.
- ☐ The transferring physician must agree to be the on-line medical control physician for the inter-facility transport.
- ☐ The patient must be ready to leave the ER within 15 minutes of the arrival of the ALS ambulance.
- ☐ All required medications, fluids and specialized equipment needed for the transport must be provided by the transferring facility.
- ☐ Copies of all of the patient's medical records must be provided by the transferring facility.

☐ Approved Incident # _____ EMS Unit # _____
☐ Denied

EMS Duty Officer: _____ Date/Time: _____